

## LME Alternative Service Request for Use of DMHDDSAS State Funds

### For Proposed MH/DD/SAS Service Not Included in Approved Statewide IPRS Service Array

**Note:** Submit completed request form electronically to Wanda Mitchell, Budget and Finance Team, at [Wanda.Mitchell@ncmail.net](mailto:Wanda.Mitchell@ncmail.net), and to Spencer Clark, Chief's Office, Community Policy Management Section, at [Spencer.Clark@ncmail.net](mailto:Spencer.Clark@ncmail.net). Questions about completing and submitting this form may be addressed to Brenda G. Davis, CPM Chief's Office, at [Brenda.G.Davis@ncmail.net](mailto:Brenda.G.Davis@ncmail.net) or (919) 733-4670, or to Spencer Clark at [Spencer.Clark@ncmail.net](mailto:Spencer.Clark@ncmail.net) or (919) 733-4670.

<b>a. Name of LME-</b> Piedmont Behavioral Healthcare (PBH)	<b>b. Date Submitted</b> 7-15-08
<b>c. Name of Proposed LME Alternative Service- Social Inclusion-Individual (YM570) _ YA342</b>	
<b>d. Type of Funds and Effective Date(s):</b> <i>(Check All that Apply)</i>  <input checked="" type="checkbox"/> <b>State Funds:</b> Effective 7-01-07 to 6-30-08 <input checked="" type="checkbox"/> <b>State Funds:</b> Effective 7-01-08 to 6-30-09	
<b>e. Submitted by LME Staff (Name &amp; Title)</b> David Jones, MA Director of Clinical Operations	<b>f. E-Mail</b> davidj@pamh.com  <b>g. Phone No.</b> 704-743-2106

#### Background and Instructions:

This form has been developed to permit LMEs to request the establishment in IPRS of Alternative Services to be used to track state funds through a fee-for-service tracking mechanism. An LME that receives state single stream or other state non-UCR funding shall use such funding to purchase or start up services included in the Integrated Payment and Reporting System (IPRS) service array and directed towards the approved IPRS target population(s). If the LME wishes to propose the use of state funds for the provision of an Alternative Service that is not included in the IPRS service array, the LME shall submit an ***LME Alternative Service Request for Use of DMHDDSAS State Funds***.

This form shall be completed to fully describe the proposed Alternative Service for which Division approval is requested in order to develop an IPRS reporting code and an appropriate rate for the Alternative Service.

Please use the following template to describe the LME's proposed Alternative Service definition and address all related issues using the standard format and content categories that have been adopted for new MH/DD/SA Services.

Please note that:

- an individual LME Alternative Service Request form is required to be completed for each proposed Alternative Service;
- a separate Request for Waiver is required to be submitted to the Division for the LME to be authorized by the Secretary to directly provide an approved Alternative Service; and
- the current form is not intended to be utilized in SFY 07-08 for the reporting on the use of county funds by an LME. The Division continues to work with the County Funds Workgroup to establish a mechanism to track and report on the use of county funds through IPRS reporting effective July 1, 2008.

<p align="center"><b>Requirements for Proposed LME Alternative Service</b></p> <p align="center"><i>(Items in italics are provided below as examples of the types of information to be considered in responding to questions while following the regular Enhanced Benefit Service definition format. Rows may be expanded as necessary to fully respond to questions.)</i></p>	
<p align="center"><b>Complete items 1 through 28, as appropriate, for all requests.</b></p>	
<b>1</b>	<p><b>Alternative Service Name, Service Definition and Required Components</b></p> <p><b>Social Inclusion-Individual (YM570)</b></p>
<b>2</b>	<p><b>Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array</b></p> <p><i>PBH specific service array to best provide for consumer needs within the PBH system of care</i></p>
<b>3</b>	<p><b>Description of service need(s) to be addressed exclusively through State funds for which Medicaid funding cannot be appropriately accessed through a current Medicaid approved service definition</b></p> <p>Social Inclusion applies to the implementation of the strategies and activities in the person's service plan that support personal interaction, enhanced social roles and community membership. Social Inclusion activities provide an opportunity for the person to spend time with all people in the community. Social Inclusion activities also promote meaningful interactions with others and lead to enhanced personal relationships, expanded social roles and deeper involvement in community activities. Activities and strategies addressed by this service should enhance the person's ability and opportunity to perform valued social roles that encourage them to enhance their status as community members. Activities and strategies necessary to promote inclusion as well as those necessary to eliminate obstacles inhibiting inclusion are supported by this service. Fees and costs associated with normal social activities, such as admission fees and tickets to social events, meals and alternative transportation may be reimbursed through this service. The following are examples of events that may be reimbursed through this service:</p> <ul style="list-style-type: none"> <li>• May be billed to facilitate an individual's involvement and integration in settings where persons</li> <li>• represent a cross-section of individuals in the community;</li> <li>• Facilitating and/or participating in Circle of Support activities;</li> <li>• Planning, conducting/participating in social activities such as attending athletic events, cultural events with friends and participating in community activities and organizations;</li> <li>• Joining community organizations such as churches, social clubs and service organizations;</li> <li>• Participating in volunteer activities;</li> <li>• Involvement in avocations and activities such as hobbies and leisure pursuits.</li> </ul> <p><b>GUIDELINES</b></p> <ol style="list-style-type: none"> <li>1. Support to be documented describing:             <ol style="list-style-type: none"> <li>a. Activity that occurred;</li> <li>b. Progress or lack of progress attained toward social interaction, inclusion and/or relationship building; and</li> <li>c. Change or elimination of strategy implemented.</li> </ol> </li> <li>2. Social Inclusion is delivered by a para-professional who has demonstrated the competencies to perform the service.</li> <li>3. Staff travel time to promote social inclusion activity/support is included</li> <li>4. Documentation time is not reported.</li> <li>5. Documentation is required in the client record.</li> </ol>

4	<p>Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service: <i>(Check one)</i></p> <p><input checked="" type="checkbox"/> Recommends    <input type="checkbox"/> Does Not Recommend    <input type="checkbox"/> Neutral (No CFAC Opinion)</p>
5	<p>Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service</p>
6	<p>Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service</p>
7	<p>Eligible IPRS Target Population(s) for Alternative Service: <i>(Check all that apply)</i></p> <p><u>Assessment Only:</u>    <input type="checkbox"/> All   <input type="checkbox"/> CMAO   <input type="checkbox"/> AMAO   <input type="checkbox"/> CDAO   <input type="checkbox"/> ADAO   <input type="checkbox"/> CSAO   <input type="checkbox"/> ASAO</p> <p><u>Crisis Services:</u>    <input type="checkbox"/> All   <input type="checkbox"/> CMCS   <input type="checkbox"/> AMCS   <input type="checkbox"/> CDCS   <input type="checkbox"/> ADCS   <input type="checkbox"/> CSCS   <input type="checkbox"/> ASCS</p> <p><u>Child MH:</u>    <input type="checkbox"/> All   <input type="checkbox"/> CMSED   <input type="checkbox"/> CMMED   <input type="checkbox"/> CMDEF   <input type="checkbox"/> CMPAT   <input type="checkbox"/> CMECD</p> <p><u>Adult MH:</u>    <input type="checkbox"/> All   <input type="checkbox"/> AMSPM   <input type="checkbox"/> AMSMI   <input type="checkbox"/> AMDEF   <input type="checkbox"/> AMPAT   <input type="checkbox"/> AMSRE</p> <p><u>Child DD:</u>    <input type="checkbox"/> CDSN</p> <p><u>Adult DD:</u>    <input checked="" type="checkbox"/> All   <input type="checkbox"/> ADSN   <input type="checkbox"/> ADMRI</p> <p><u>Child SA:</u>    <input checked="" type="checkbox"/> All   <input type="checkbox"/> CSSAD   <input type="checkbox"/> CSMAJ   <input type="checkbox"/> CSWOM   <input type="checkbox"/> CSCJO   <input type="checkbox"/> CSDWI   <input type="checkbox"/> CSIP  <input type="checkbox"/> CSSP</p> <p><u>Adult SA:</u>    <input type="checkbox"/> All   <input type="checkbox"/> ASCDR   <input type="checkbox"/> ASHMT   <input type="checkbox"/> ASWOM   <input type="checkbox"/> ASDSS   <input type="checkbox"/> ASCJO   <input type="checkbox"/> ASDWI  <input type="checkbox"/> ASDHH   <input type="checkbox"/> ASHOM   <input type="checkbox"/> ASTER</p> <p><u>Comm. Enhance.:</u>    <input type="checkbox"/> All   <input type="checkbox"/> CMCEP   <input type="checkbox"/> AMCEP   <input type="checkbox"/> CDCEP   <input type="checkbox"/> ADCEP   <input type="checkbox"/> ASCEP   <input type="checkbox"/> CSCEP</p> <p><u>Non-Client:</u>    <input type="checkbox"/> CDF</p>
8	<p>Definition of Reimbursable Unit of Service: <i>(Check one)</i></p> <p><input type="checkbox"/> Service Event    <input checked="" type="checkbox"/> 15 Minutes    <input type="checkbox"/> Hourly    <input type="checkbox"/> Daily    <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Other: Explain _____</p>
9	<p>Proposed IPRS <u>Average</u> Unit Rate for LME Alternative Service</p> <p>Since this proposed unit rate is for Division funds, the LME can have different rates for the same service within different providers. What is the proposed <u>average</u> IPRS Unit Rate for which the LME proposes to reimburse the provider(s) for this service?</p> <p style="text-align: center;"><b>\$5.24</b></p>
10	<p>Explanation of LME Methodology for Determination of Proposed IPRS <u>Average</u> Unit Rate for Service <i>Comparable to like services</i></p>
11	<p><b>Provider Organization Requirements</b></p> <p>Direct care providers shall meet the competencies and supervision requirements as specified in 10 NCAC 14V .0202 and .0204.</p>
12	<p><b>Staffing Requirements by Age/Disability</b></p> <p><i>(Type of required staff licensure, certification, QP, AP, or paraprofessional standard)</i></p>

	<p>NC G.S. 122C as applicable, Approved by Employer of Record or recommended by Managing</p> <p>Employer and approved by Agency with Choice:</p> <ul style="list-style-type: none"> <li>• If providing transportation, have a valid North Carolina driver's license, a safe driving record and an acceptable level of automobile liability insurance</li> <li>• Criminal background checks present no health and safety risk to participant</li> <li>• Not listed in the North Carolina Health Care Abuse Registry</li> <li>• Qualified (certified) in CPR and First Aid and the customized needs of the participant as described in the Individual Support Plan</li> <li>• High school diploma or equivalency</li> </ul>
13	<p><b>Program and Staff Supervision Requirements</b></p> <p>Supervised by the Employer of Record or Managing Employer Clinical oversight by a qualified professional or associate professional under the supervision of a qualified professional in the field of developmental disabilities employed by Agency with Choice.</p>
14	<p><b>Requisite Staff Training</b></p> <p>Same as above outlined in question 12.</p>
15	<p><b>Service Type/Setting</b></p> <ul style="list-style-type: none"> <li>• <b>Location(s) of services</b></li> <li>• <b>Excluded service location(s)</b></li> </ul> <p>This service can be provided in any location.</p>
16	<p><b>Program Requirements</b></p> <ul style="list-style-type: none"> <li>• <b>Individual or group service</b></li> <li>• <b>Required client to staff ratio (if applicable)</b></li> <li>• <b>Maximum consumer caseload size for FTE staff (if applicable)</b></li> <li>• <b>Maximum group size (if applicable)</b></li> <li>• <b>Required minimum frequency of contacts (if applicable)</b></li> <li>• <b>Required minimum face-to-face contacts (if applicable)</b></li> </ul> <ul style="list-style-type: none"> <li>• May be billed to facilitate an individual's involvement and integration in settings where persons represent a cross-section of individuals in the community;</li> <li>• Facilitating and/or participating in Circle of Support activities;</li> <li>• Planning, conducting/participating in social activities such as attending athletic events, cultural events with friends and participating in community activities and organizations;</li> <li>• Joining community organizations such as churches, social clubs and service organizations;</li> <li>• Participating in volunteer activities;</li> <li>• Involvement in avocations and activities such as hobbies and leisure pursuits.</li> </ul>
17	<p><b>Entrance Criteria</b></p> <ul style="list-style-type: none"> <li>• <b>Individual consumer recipient eligibility for service admission</b></li> <li>• <b>Anticipated average level of severity of illness, or average intensity of support needs,</b></li> </ul>

	<p><b>of consumer to enter this service</b></p> <p>A. There is an Axis I or II diagnosis present. or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)</p> <p style="text-align: center;"><b>AND</b></p> <p>B. Level of Care Criteria, Level NCSNAP/ASAM</p> <p style="text-align: center;"><b>AND</b></p> <p>C. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> <li>1. Functional impairment.</li> <li>2. Crisis intervention/diversion/aftercare needs, and/or at-risk of placement outside the natural home setting.</li> </ol> <p style="text-align: center;"><b>AND</b></p> <p>D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:</p> <ol style="list-style-type: none"> <li>1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.</li> <li>2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.</li> <li>3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.</li> <li>4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.</li> </ol>
18	<p><b>Entrance Process</b></p> <ul style="list-style-type: none"> <li>• <b>Integration with team planning process</b></li> <li>• <b>Integration with Person Centered Plan and clinical assessment</b></li> </ul> <p>PBH requires that a written person-centered plan be developed by the Person Centered Planning team prior to service implementation for the delivery of medically necessary services. PBH expects that consumers play an active role in directing the type, frequency and intensity of services to ensure that the service meets the needs, abilities, preferences and expectations of the consumer and their goals for recovery. It is also PBH's expectation that the PCP is informed by strong clinical data that supports medical necessity of a given service. Together these processes ensure that services are appropriate for meeting the consumer's needs but are supported by clinical evidence to ensure medical necessity.</p>
19	<p><b>Continued Stay Criteria</b></p> <ul style="list-style-type: none"> <li>• <b>Continued individual consumer recipient eligibility for service</b></li> </ul> <p>The client continues to have needs that are met by this service definition.</p>
20	<p><b>Discharge Criteria</b></p> <ul style="list-style-type: none"> <li>• <b>Recipient eligibility characteristics for service discharge</b></li> <li>• <b>Anticipated length of stay in service (provide range in days and average in days)</b></li> <li>• <b>Anticipated average number of service units to be received from entrance to discharge</b></li> <li>• <b>Anticipated average cost per consumer for this service</b></li> </ul> <p>Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:</p> <ol style="list-style-type: none"> <li>1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated.</li> </ol>

	2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.
21	<p><b>Evaluation of Consumer Outcomes and Perception of Care</b></p> <ul style="list-style-type: none"> <li>• <i>Describe how outcomes for this service will be evaluated and reported including planned utilization of and findings from NC-TOPPS, the MH/SA Consumer (Satisfaction) Surveys, the National Core Indicators Surveys, and/or other LME outcomes and perception of care tools for evaluation of the Alternative Service</i></li> <li>• <i>Relate emphasis on functional outcomes in the recipient's Person Centered Plan</i></li> </ul> <p>For services that require completion of NC TOPPs, MH/SA Consumer Surveys, and/or National Core indicators, PBH will monitor to ensure that evaluation tools are completed within mandated time frames and reported to the required reporting bodies. PBH will also use the data obtained from these measures to track trends that effect service satisfaction, accessibility and utilization. This data then can be used to leverage changes in the PBH provider network related to quality and availability of services.</p> <p>The expected outcome of this service is consumers are appropriately connected to community services and activities. Continued utilization of this service will be determined by medical necessity reviewed annually or more often as needed. PBH has established a systematic method of reviewing the quality, appropriateness, and comprehensiveness of the person-centered plan. Each goal on the person-centered plan is reviewed separately, based on the target date associated with each goal to ensure that services are individualized to meet the strength, needs, abilities and preferences of the consumer.</p>
22	<p><b>Service Documentation Requirements</b></p> <ul style="list-style-type: none"> <li>• <i>Is this a service that can be tracked on the basis of the individual consumer's receipt of services that are documented in an individual consumer record?</i></li> </ul> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No        <i>If "No", please explain.</i></p> <ul style="list-style-type: none"> <li>• <i>Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc.</i></li> </ul> <p>Documentation is required as specified in the Service Records Manual.</p>
23	<p><b>Service Exclusions</b></p> <ul style="list-style-type: none"> <li>• <i>Identify other service(s) that are limited or cannot be provided on the same day or during the same authorization period as proposed Alternative Service</i></li> </ul> <p><i>None Noted</i></p>
24	<p><b>Service Limitations</b></p> <ul style="list-style-type: none"> <li>• <i>Specify maximum number of service units that may be reimbursed within an established timeframe (day, week, month, quarter, year)</i></li> </ul> <p><i>None Noted</i></p>
25	<p><b>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service</b></p> <ul style="list-style-type: none"> <li>• <i>Provide other organizational examples or literature citations for support of evidence base for effectiveness of the proposed Alternative Service</i></li> </ul>
26	<b>LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and</b>

	<b>Cost-Effectiveness of Alternative Service</b>  PBH QM Department will monitor this service for quality and fidelity to the definition through billing audit reviews.
<b>27</b>	<b>LME Additional Explanatory Detail (<i>as needed</i>)</b>